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**Comments:**

Atty Docket No: 57851-20001.00  
Application Serial No.: 10/797,850  
Filed: March 10, 2004  
Inventors: Fredrick COPE  
Art Unit: 1615  
Examiner: N. Levy  
Title: A MINIATURE ARRAYED INTERFEROMETER FOR OPTICAL  
COHERENCE TOMOGRAPHY

Enclosed are the following documents:

1. Transmittal - 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page

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PA-1112390

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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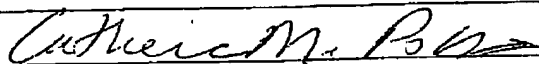
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/797,850
		Filing Date	March 10, 2004
		First Named Inventor	Fredrick COPE
		Art Unit	1615
		Examiner Name	N. Levy
Total Number of Pages In This Submission	2	Attorney Docket Number	578512000100

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

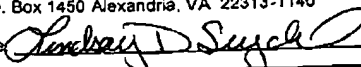
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Catherine M. Pollzzi		
Date	November 20, 2006	Reg. No.	40,130

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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/797,850
	Filing Date	March 10, 2004
	First Named Inventor	Fredrick COPE
	Art Unit	1615
	Examiner Name	N. Levy
	Attorney Docket Number	578512000100

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

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Signature			
Name	Catherine M. Polizzi	Registration No.	40,130
Date	November 20, 2006	Telephone No.	(650) 813-5651

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